| Voucher prepared at  | (Give place and date)  Payee's Account No.  (City) (State)  ARTICLES OR SERVICES  Inter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Fount Terms  Use continuation sheet(s) if necessary  Weight Government B/L No.  (Payee must NOT use this space)  Differences  Ites and that payment has not been received.  In original only)  Amount verified; correct for  |
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| Continuation sheet(s) if necessary   Cost    | (Give place and date)  Payee's Account No.  (Payce)  (City)  (State)  ARTICLES OR SERVICES neer description, item number of contract or Federal supply schedule, and other information deemed necessary)  Pollars  Cost  Unit Price  Cost  Per  Dollars  Cts  Cost  Unit Price  AMOUNT  Cost  Per  Dollars  Cts  Cost  Use continuation sheet(s) if necessary  Weight  Government B/L No.  (Payce must NOT use this space)  Differences  Differences  Total  2,168,28  |
| The UNITED STATES, Dr.,  Payee's Account No  | Payee's Account No   |
| SAPC ### COPY / OF   | (Payce)  (City) (State)  ARTICLES OR SERVICES noter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Ost  Use continuation sheet(s) if necessary  Weight Government B/L No. Total 2,168,28  ist and that payment has not been received.  Differences  Differences  Total 2,168,28  Differences  Differences  Amount verified; correct for 2,168, 28   |
| (COPY OF  (Address) (City) (Slate)  No. and Date of Order | (City) (State)  ARTICLES OR SERVICES inter description, item number of contract or Federal supply schedule, and other information deemed necessary)  ARTICLES OR SERVICES inter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Output  UNIT PRICE  Cost  Per  Dollars  Cts  Cost  Weight  Government B/L No.  Total  2,168-26  Inter description, item number of contract or Federal supply schedule, and other information deemed necessary  UNIT PRICE  AMOUNT  Cost  Per  Dollars  Cts  Cost  Per  Dollars  Cts  Cost  Differences  Interpretation of the continuation sheet(s) if necessary  Weight  Government B/L No.  Total  2,168-26  Differences  Amount verified; correct for   |
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| No. and Date of Delivery or Service    Center description   Item number of contract or Federal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Per   Discount Terms   | ARTICLES OR SERVICES schedule, and other information deemed necessary) and terms  UNIT PRICE AMOUNT  Cost Per Dollars Cts  Cost 2,168.28  Cost Ver Dollars Cts  Cost Ver Dollars  Cost Ver Dollars Cts  Cost Ver Dollars  Cost Ver Dolla |
| AYMENT:  Complete   Discount Terms  Cost   | Use continuation sheet(s) if necessary  Weight Government B/L No. Total 2,168,28  ist and that payment has not been received.  Differences  To not required when a like certificate is made by payee on attached bill or binin)  Amount verified; correct for 2,168, 2   |
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| AYMENT:  Complete Partial Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total  certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 12/13/57 *Pavee  Title (Signature or initials)  Amount verified; correct for Signature or initials)  contract No. (9-10) Date Reg. No. Date Invoice Rec'd.  SIGN ORIGINAL Title   | Use continuation sheet(s) if necessary  Weight Government B/L No. Total 2,168,26  ist and that payment has not been received.  Differences  Differences  Total 2,168,26  Amount verified; correct for 2,168, 26  |
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| Complete Partial Depart | Weight Government B/L No. Total 2,168,28  Ist and that payment has not been received.  Differences  Differences  Total 2,168,28  Amount verified; correct for  |
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| Date Req. No. Date Invoice Rec'd.  Cursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$  SIGN ORIGINAL Title  | Title (Signature or initials)  |
| ursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$   |  |
| Approved for \$  | Date Reg. No. Date Invoice Rec'd.  |
| SIGN SIGN ORIGINAL Title   | that this account is correct and proper for payment.   |
| SIGN<br>VORIGINAL Title  | (Authorized Cartifying Officer)  |
|  | SIGN   |
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| THE REYERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  | MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM   |
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Standard Form No. 1035a—Revised
Form prescribed by
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September 7 Purchases and
Gen. Reg. N.A.P. 1270 Nord For Release 2000/64/11: GIA-RPP64-00360R000600014006R5 NDUM

| No. and Date        | Date of<br>Delivery  | ARTICLES OR SERVICE   | CES                                      | OUAN- UNIT PRICE | AMOUN | T   |           |     |
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| of Order            | or Service           | (Enter description, item number of contract o<br>and other information deemed | r Federal supply schedule,<br>necessary) | QUAN-<br>TITY    | Cost  | Per | Dollars   | Cts |
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